



## Personal Information Change Request

Use blue or black ink to complete this form.

### State of Tennessee 457 and 401(k) Plans

98986

**Participant Information - Provide name/Social Security number as it currently appears on your account.**

Last Name	First Name	MI	Social Security Number
			Account Extension (if applicable)

☐ **Name Change - Attach a copy of marriage certificate, divorce decree, driver's license, SSN card or other legal documentation.**

Last Name	First Name	MI
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☐ **Personal Information Correction/Change**

Mo	Day	Year
Date of Birth		

☐ Female

☐ Male

Social Security Number

Attach copy of birth certificate.

Attach copy of Social Security card and driver's license or photo identification.

☐ **Address and Phone Number Change**

Address - Number & Street		
City	State	Zip Code
( ) Home Phone	( ) Work Phone	
E-Mail Address		

### Your Consent and Signature

I affirm that the information that I have provided on this form is true and correct.

**Participant Signature**

**Date**

**Participant** forward to Service Provider at:  
Great-West Retirement Services®  
545 Mainstream Drive, Suite 407  
Nashville, TN 37228  
**Phone #:** 1-800-922-7772  
**Web site:** www.tn.gov/treasury/dc

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